

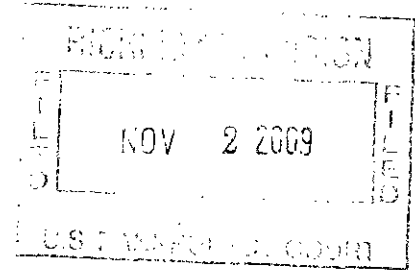
UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
RICHMOND DIVISION

Case No.: 08-353653  
Chapter 11

In the Matter of:

CIRCUIT CITY STORES, INC.

Debtor



**REQUEST FOR ISSUANCE OF NOTICE OF TRANSFER OF CLAIM**

TO THE CLERK OF THE UNITED STATES BANKRUPTCY COURT

PLEASE ISSUE the required notice to the Original Creditor identified below that all right, title and interest in and to the following claim has been transferred:

1. Person or entity to whom the claim has been transferred ("Substitute Creditor")  
Name: Donald L. Emerick, Sr.  
Address: 555 Park Estates Square  
Venice, FL 34293
2. Date of Transfer of Claim: October 30, 2009
3. Type of Claim: Unsecured
4. Amount of Claim: \$1,804,842.10
5. Date of Filing Proof of Claim: April 13, 2009
6. Claims Docket Number: 12218
7. Date of Transfer of Claim: October 30, 2009

(continued on following page)

8. Person or entity who filed the claim ("Original Creditor"):

Name: Citrus Park CC, LLC

Address: Attn: Don Emerick

555 Park Estates Square

Venice, FL 34293

9. Attorney (if any) for Original Creditor, as set forth on Proof of Claim:

Name: Not Applicable


Address:

10. A true and correct copy of the Proof of Claim originally filed is attached hereto as "Exhibit A". True and correct copy of the document evidencing the transfer of the claim is attached as "Exhibit B" (aforementioned Exhibit A is not reattached to reduce length of this document).

Dated: October 30<sup>th</sup>, 2009.

SUBSTITUTE CREDITOR

By:

  
Donald L. Emerick, Sr.

United States Bankruptcy Court, <u>EASTERN</u> District of <u>VIRGINIA</u>		PROOF OF CLAIM								
Name of Debtor <b>Circuit City Stores, Inc.</b>	Case Number <b>08-353653</b>	This space is for Court Use Only								
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.										
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Citrus Park CC, LLC</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.									
Name and address where notices should be sent <b>Citrus Park CC, LLC Attn: Don Emerick 555 Park Estates Square Venice, FL 34293</b>  Telephone number: <b>941-493-8721</b>										
Account or other number by which creditor identifies debtor: <b>Store 3269</b>	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends _____									
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Other <u>Lease Rejection</u> </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS#: _____                      Unpaid compensation for services performed from _____ to _____  <div style="text-align: center;">(date) (date)</div> </div> </div>										
<b>2. Date debt was incurred:</b> <u>11/10/2009</u>	<b>3. If court judgment, date obtained:</b> _____									
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.										
<b>Unsecured Nonpriority Claim</b> <u>\$1,804,842.10</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: _____ <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to government entities - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>									
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check box if you have an unsecured priority claim. Amount entitled to priority: _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).										
<b>5. Total Amount of Claim at Time Case Filed:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; width: 25%;"><u>\$1,804,842.10</u></td> <td style="text-align: right; width: 25%;"><u>\$0.00</u></td> <td style="text-align: right; width: 25%;"><u>\$0.00</u></td> <td style="text-align: right; width: 25%;"><u>\$1,804,842.10</u></td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(priority)</td> <td style="text-align: center;">(Total)</td> </tr> </table> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.</p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			<u>\$1,804,842.10</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,804,842.10</u>	(unsecured)	(secured)	(priority)	(Total)
<u>\$1,804,842.10</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,804,842.10</u>							
(unsecured)	(secured)	(priority)	(Total)							
<b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		This space is for Court Use Only								
Date <b>4/10/2009</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>DON EMERICK, MGR.</b>									
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571										

EXHIBIT A

**ATTACHMENT TO PROOF OF CLAIM**

In re: Circuit City Stores, Inc.  
Case no. 08-35653 (U.S. Bankruptcy Court Eastern District of Virginia)  
Claim of Citrus Park CC, LLC

General Description of Claim: Unsecured claim based upon Rejection of Lease

Description of Lease: Circuit City Store No 3269 located at 6918 Gunn Highway, Citrus Park (Tampa) Florida

Dated of Lease: January 10, 2003

Term of Lease: January 10, 2003 to January 31, 2023

Lessor (by assignment dated July 8, 2003): Citrus Park CC, LLC (Florida)

Tenant: Circuit City Stores, Inc.

Fixed annual rent: \$580,320.00

Average monthly rent: \$48,360.00

Additions to rent: Ad Valorem taxes, insurance and utilities

Statutory Basis of Claim: 11 USC § 502 (g)

Date of Filing of Petition under 11 USC – Chapter 11: November 10, 2008

Date of return of premises to lessor: March 10, 2009

Elements of unsecured claim

Pre-petition portion (rent and taxes only)

Unpaid rent on Petition Date: \$64,318.80 (October 1, 2008 to Petition date)

Accrued Ad Valorem Taxes: \$97,532.30\* (Tax year 2008) – Tax bill attached as Ex. A.

(continued on following page)

Rejection portion:

Remain term in months as of petition date: 170.67 months  
Fifteen percent of remaining term: 25.6 months  
Rent for 25.6 months: \$1,238,016.00

General unsecured damages estimated under § 502 (c):

Bank late charges related to lessor failure to timely made rent payment: \$1,445.46  
Expenses related to retaking premises until re-renting[lease par. 20 (h)]:  
Insurance: \$82,000.00 (24 months) \*\*  
Taxes: \$195,000.00 (24 months) \*\*  
Utilities: \$96,000.00 (24 months) \*\*  
Attorneys fees: \$25,000.00\*\*  
Cleanup: \$1,350.00  
A/C Repair \$5,000.00\*  
Lock Change \$625.00

\*Lessor intends to file a separate administrative claim for ad valorem taxes incurred by debtor during time of possession in Chapter 11 proceedings. This claim will be reduced by the amount actually recovered pursuant to the administrative claim.

\*\*Estimated (if not marked then actual)

Summary of Claim

Prepetition:	\$ 161,851.10
Rejection:	\$1,238,016.00
Estimated:	\$ 404,975.00
Total:	\$1,804,842.10

**Skip the Trip - Pay online at [www.hillstax.org](http://www.hillstax.org)**

- E-Check - A FREE electronic payment from your checking account
- Credit Card - 2.5% fee is charged

Pay the amount	93,631.49	94,606.82	95,582.14	96,557.47	97,532.80
If postmarked by	Nov 30 08	Dec 31 08	Jan 31 09	Feb 28 09	Mar 31 09
Discount	4%	3%	2%	1%	None

Folio No. 003571.0000	PIN U-11-28-17-ZZZ-000000-28070.0
P/M ID 3623531	Escrow Code

Owner Name & Property Location  
CITRUS PARK CO LLC  
6918 GUNNY

CITRUS PARK CO LLC  
C/O CIRCUIT CITY STORES INC. - TAX DEPT  
9950 MARYLAND DR 5TH FLOOR  
RICHMOND VA 23233

Partial Legal Description: W 1/2 OF NW 1/4 OF SE 1/4 OF NE 1/4 LESS RR R/W AND LESS R/W FOR GUNNY HWY - E 35 FT OF W 50 FT OF ABANDONED RR LYING S OF R/W AND ABUTTING SAID TRACT OF W AND LESS RD R/W BEG AT NE COR OF SAID TRACT

**Ad Valorem Taxes**

Tax District N

Taxing Authority	Telephone	Exemption	Taxable Value	Millage	Tax Amount
COUNTY OPERATING	813-272-5890	0	4746611	5.74390	27,264.06
ENVIRONMENTAL LAND	813-272-5890	0	4746611	0.06040	286.70
COUNTY M.B.T.U.	813-272-5890	0	4746611	4.37450	20,764.05
LIBRARY SERVICE	813-272-5890	0	4746611	0.55830	2,650.03
PARK BONDS - UNINCORPORATED	813-272-5890	0	4746611	0.02590	122.94
SCHOOL - LOCAL	813-272-4047	0	4746611	2.47300	11,738.37
SCHOOL - STATE	813-272-4047	0	4746611	5.20400	25,176.02
PORT AUTHORITY	813-905-5132	0	4746611	0.19500	925.59
HILLS CO TRANSIT AUTHORITY	813-823-5835	0	4746611	0.46820	2,272.36
CHILDRENS BOARD	813-229-2884	0	4746611	0.50000	2,373.31
WATER MANAGEMENT	800-423-1476	0	4746611	0.38860	1,835.04
WATER MANAGEMENT N	800-423-1476	0	4746611	0.24210	1,149.15

Assessed Value	4746611
Exemptions	
Just Value	4746611

Total Millage	20.33190
Total Ad Valorem Taxes	96,507.82

CORRECTION NOTICE BC 1649 1/13/2009

**Non-Ad Valorem Assessments**

Authority	Purpose	Telephone	Amount
STORMWATER MANAGEMENT	STORMWATER CONTROL	813-307-1827	816.13
COUNTY SOLID WASTE SW	SW DISPOSAL	813-272-5680	90.83
COUNTY SOLID WASTE SWC	SW COLLECTION	813-272-5680	178.44

Total Non-Ad Valorem Assessments	1,025.18
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Combined Taxes & Assessments	97,532.80
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**Doug Belden, Hillsborough County Tax Collector**

**2008 Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments**

Folio Number	003571.0000	P/M ID	3623531	PIN	U-11-28-17-ZZZ-000000-28070.0	Tax District	N	Escrow		Assessed Value	4746611
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W 1/2 OF NW 1/4 OF SE 1/4 OF NE 1/4 LESS RR R/W AND LESS R/W FOR GUNNY HWY - E 35 FT OF W 50 FT OF ABANDONED RR LYING S OF R/W AND ABUTTING SAID TRACT OF W AND LESS RD R/W BEG AT NE COR OF SAID TRACT

Pay online at [www.hillstax.org](http://www.hillstax.org). Partial payments are not accepted

Pay the amount	93,631.49	94,606.82	95,582.14	96,557.47	97,532.80
If postmarked by	Nov 30 08	Dec 31 08	Jan 31 09	Feb 28 09	Mar 31 09
Discount	4%	3%	2%	1%	None

CORRECTION NOTICE  
BC 1649 1/13/2009  
93,631.49  
IF PAID BY 2/19/2009

Make checks payable to US funds to  
DOUG BELDEN, TAX COLLECTOR  
P.O. BOX 172920  
TAMPA FL 33617-0920

CITRUS PARK CO LLC  
C/O CIRCUIT CITY STORES INC. - TAX DEPT  
9950 MARYLAND DR 5TH FLOOR  
RICHMOND VA 23233

EPH1817 A Revised

**TRANSFER OF CLAIM**

KNOW ALL MEN BY THESE PRESENTS that for good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned, Donald L. Emerick, Sr., the duly authorized agent and managing member of Citrus Park CC, LLC, a Florida limited liability company, First Party does hereby grant, assign and transfer to Donald L. Emerick, Sr., Second Party, all of First Party's right, title and interest in the following described Claim or Interest, a true copy as filed in the subject proceeding being attached to this Transfer of Claim:

Debtor: Circuit City Stores, Inc.

Case No.: 08-35653 U.S. Bankruptcy Court Eastern District of Virginia, Richmond Div.


Claim Number: 12218

Priority: Unsecured

Amount: \$1,804,842.10

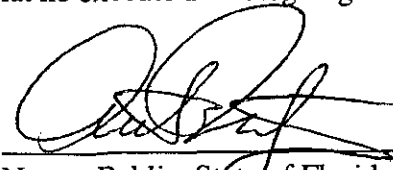
TOGETHER with all rights to payment of the claim transferred by these presents. This transfer is absolute and not for the purpose of security.

WITNESS my hand and seal this 30<sup>th</sup> day of October, 2009.

  
Donald L. Emerick, Sr.; FOR FIRST PARTY

STATE OF FLORIDA       }  
COUNTY OF SARASOTA }

BEFORE ME, the undersigned authority, personally appeared Donald L. Emerick, Sr. being personally known by me or having produced N/A as identification and, who having been first duly sworn, freely acknowledged that he execute the foregoing Transfer of Claim for the purposes expressed therein.

  
Notary Public, State of Florida



ARTHUR S WEITZNER  
Printed or typed name of notary

EXHIBIT B

LAW OFFICES  
**ARTHUR S. WEITZNER, P.A.**  
P.O. BOX 18028  
SARASOTA, FLORIDA 34276

ARTHUR S. WEITZNER  
CERTIFIED  
BUSINESS BANKRUPTCY SPECIALIST

TEL: (941) 927-5471  
FAX: (941) 927-5473  
arthur@weitzner.com

October 31, 2009

Clerk, U.S. Bankruptcy Court  
Eastern District of Virginia  
701 East Broad Street  
Richmond, VA 23219

**EXPRESS MAIL**

Re: Circuit City Stores, Inc. (CCS)  
Case no. 08-35653 (U.S.B.C Eastern District of Virginia)  
Matter: Request for Notice

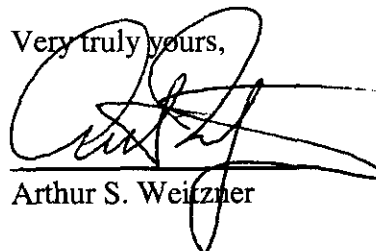
Gentlemen:

The undersigned attorney represents Donald L. Emerick, Sr. a creditor of this estate by virtue of transfer of certain unpaid claims that have been previously timely filed in this proceeding. This transmittal concerns the entry of an eventual recognition of the substitute claimant. Enclosed are the following:

1. Request for Issuance of Notice of Transfer of Claim (claim no. 12218);
2. Request for Issuance of Notice of Transfer of Claim (claim no 13355).

Could you kindly docket these requests and serve the requisite notice? I do not believe a filing fee is required in regards to these two requests; however, if I am in error, kindly advise and the fee will be promptly transmitted. Furthermore, could you kindly date stamp and return a copy of this letter as a receipt for these filings. In this regard a self addressed envelope, postage prepaid, is enclosed for your convenience. Thanking you in advance for your courtesy, I remain.

Very truly yours,



Arthur S. Weitzner

Enc.  
cc. w/enc. Donald L. Emerick, Sr.  
ASW/aw